

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1997 - JUNE 30, 1998**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: VETERANS SERVICE OFFICE

Division/Unit: _____

2. VOLUNTEER PROGRAM BENEFITS:

- a. **GENERAL VOLUNTEER** (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>1</u>	Hours	<u>520</u>	x \$	<u>13.74</u>	= \$	<u>7,144.80</u>
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Types of work performed by GENERAL VOLUNTEERS in this category: Tasks essential in the process of obtaining benefits for veterans, dependents, and widows. Technical administrative duties.

- b. **INSTITUTIONAL VOLUNTEER** (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	<u>-0-</u>	Hours	<u>-0-</u>	x \$	<u>-0-</u>	= \$	<u>-0-</u>
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: _____

- c. **SPECIALIZED VOLUNTEERS** (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

No. Vol.	Total Hours	Total Value \$
_____	_____	_____

Types of work performed by SPECIALIZED VOLUNTEERS in this category: _____

d TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a. 1	520	\$ 7,144.80
2b.		\$
2c.		\$

TOTALS:	1	520	\$ 7,144.80
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
None	\$		\$
	\$		\$
	\$		\$

TOTAL VALUE \$ -0-

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours -0- x Rate = \$ -0-

- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours -0 x Rate _____

\$ -0-

- c. Other program costs (volunteer Training materials/supplies, recognition costs, etc.).

_____ Item _____

_____ Cost _____

_____ None _____

TOTAL OF OTHER PROGRAM COSTS

=

\$ -0-

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ -0-

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 7,144.80

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ -0-

ADD a + b \$ -0-

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ -0-)

TOTAL PROGRAM BENEFIT \$ 7,144.80

6. **RECRUITING:**

Please describe your recruiting programs: Selective recruiting in
the County Veterans community.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

None

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Will retain same volunteer staff person.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Susan Warner

Phone Number: 531-4545 Mail Stop: 12-273 E-Mail: _____

Volunteer Coordinator: None

Phone Number: N/A Mail Stop: N/A E-Mail: N/A

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/28/98
DATE